

COLLEGE OF SCIENCE AND ENGINEERING
LEAVE OF ABSENCE

Directions: Complete this form and submit the original and one copy.

Attach a current vita

Faculty Member: _____

Department: _____

Type of leave requested. Please click in the appropriate box to the left of the category (or write an "X" in the box) and fill in the date.

- Paid
- Unpaid
- Fall Semester 20 _____
- Spring Semester 20 _____

Academic Year, 20 ____ - 20 ____

Date of initial employment at TCU: _____

List in chronological order all leaves you have been granted at TCU. Include dates, locations, whether paid or unpaid. Briefly summarize accomplishments made during previous paid leaves.

Provide a description of the project you propose for the leave period (not to exceed 5 pages). Include the current status of the project and a description of the product to be derived from the project (book, article, performance). Indicate the status of external funding requests, if any. If fewer than 7 years have transpired since last paid leave, please provide justification for requesting early leave.

Endorsement Section. To be completed by department chairman. Attach additional pages if necessary.

Comment on the following items: Feasibility of the project, impact on department offerings, replacement requirements, and budget considerations, i.e. give a cost estimate for a replacement(s).

Sign appropriate line.

Recommend approval _____ Date _____

Recommend approval subject to conditions stated below.

Do not recommend approval _____